

Student Name: _____ Date: ____/____/____
Address: _____ City: _____ St: _____ Zip: _____
Home Phone: _____ Student Cell: _____
Student Email: _____ Medical Conditions: _____
Emergency Contact: _____ Phone: _____
Date of Birth: ____/____/____ Age: _____ School: _____ Grade: _____
Previous Dance Training at: _____

Mother's Name: _____ Phone: _____
Address: _____ City: _____ St: _____ Zip: _____
Home Phone: _____ Cell: _____
Place of Business: _____ Work Phone: _____
Cell: _____ Email: _____ Other: _____
Father's Name: _____ Phone: _____
Address: _____ City: _____ St: _____ Zip: _____
Home Phone: _____ Cell: _____
Place of Business: _____ Work Phone: _____
Cell: _____ Email: _____ Other: _____

FOR OFFICE USE ONLY__NON-REFUNDABLE REGISTRATION FEE: \$35.00

Level: Ballet _____ Level: _____ Miscellaneous Programs for Summer: _____
Paid: Registration Fee: _____ Tuition: _____
Number of weeks attending _____
Cash: _____ Amount \$: _____ Ck #: _____ Amount \$: _____

Credit Card #: _____ EXP: _____ Code: _____ Amount \$: _____
Name on Card (Please Print): _____

Signature: _____

Registration Fee is due at time of registration. Full Tuition payment is due **no later than** June 1st, 2023.

There are no refunds for missed classes.

Paris Ballet & Dance is not responsible for lost/stolen items.

I permit Paris Ballet & Dance and its agents to use my photo or my child's photo (still and/or video) for promotional purposes.

I have read and understand the information above and agree to abide by it.

Parent/Guardian Signature: _____ Date: ____/____/____